

| ISSUE CLASSIFICATION |          |
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| Class                | Subclass |
|                      |          |

**PATENT NUMBER**

**U.S. UTILITY** Patent Application

O.I.P.E.

PATENT DATE

**SCANNED**

Q.

|                              |            |              |                |                  |          |
|------------------------------|------------|--------------|----------------|------------------|----------|
| APPLICATION NO.<br>007556709 | CONT/PRIOR | CLASS<br>106 | SUBCLASS<br>65 | ART UNIT<br>1001 | EXAMINER |
|------------------------------|------------|--------------|----------------|------------------|----------|

## APPLICANTS

**TITLE**

PTO-2040  
12/99**ISSUING CLASSIFICATION**[illegible]

|   |   |             |            |                                   |                      |
|---|---|-------------|------------|-----------------------------------|----------------------|
| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>   | <b>DRAWINGS</b>                                 |             |            | <b>CLAIMS ALLOWED</b>             |                      |
|   | Sheets Drwg.                                    | Figs. Drwg. | Print Fig. | Total Claims                      | Print Claim for O.G. |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.<br><br><input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent. No. _____<br><br><input type="checkbox"/> The terminal _____ months of this patent have been disclaimed. | _____ (Assistant Examiner) _____ (Date)         |             |            | <b>NOTICE OF ALLOWANCE MAILED</b> |                      |
|   | _____ (Primary Examiner) _____ (Date)           |             |            | <b>ISSUE FEE</b>                  |                      |
|   |   |             |            | Amount Due                        | Date Paid            |
|   | _____ (Legal Instruments Examiner) _____ (Date) |             |            | <b>ISSUE BATCH NUMBER</b>         |                      |
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